



JAN 26 2004

AF 1637

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/710,340
		Filing Date	November 9, 2000
		First Named Inventor	Jeremy TAYLOR
		Art Unit	1637
		Examiner Name	A. Spiegler
Total Number of Pages in This Submission	45	Attorney Docket Number	529642000800

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (19 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. One (1) Reference (18 pages)
<input checked="" type="checkbox"/> Information Disclosure Statement w/Form 1449 (4 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Otis Littlefield - 48,751
Signature	
Date	January 22, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416417US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 22, 2004

Signature: (Valerie Cohen)



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Approved for use through 04/30/2003. OMB 0651-0032

PTO/SB/17 (01-03)

FEE TRANSMITTAL for FY 2003		Compleat if Known	
Patent fees are subject to annual revision.		Application Number	09/710,340
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 9, 2000
		First Named Inventor	Jeremy F. TAYLOR
		Examiner Name	A. Spiegler
		Group Art Unit	1637
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	529642000800

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	03-1952		
Deposit Account Name	Morrison & Foerster LLP		
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	23	-23=	0
Independent Claims	1	-3 =	0
Multiple Dependent			140
SUBTOTAL (2) (\$)		0.00	
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (3) (\$)		390.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Otis Littlefield	Registration No. (Attorney/Agent)	48,751
Signature		Telephone	(415) 268-6846
		Date	January 22, 2004

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Dated: January 22, 2004	Signature: Valerie Cohen (Valerie Cohen)